

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization BRANDEIS UNIVERSITY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 9110 City or town, state or province, country, and ZIP or foreign postal code WALTHAM, MA 02454-9110 F Name and address of principal officer: RONALD LIEBOWITZ P.O. BOX 9110, WALTHAM, MA 02454-9110 | D Employer identification number 04-2103552 E Telephone number (781) 736-2000 G Gross receipts \$ 653,039,661. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: WWW.BRANDEIS.EDU | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1947 M State of legal domicile: MA |

Part I Summary

| | | |
|-----------------------------|--|---------------------|
| | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 46 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 43 |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5395 |
| | 6 Total number of volunteers (estimate if necessary) | 1510 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 4,257,294. |
| | 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 2,794,125. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 61,842,603. |
| | 9 Program service revenue (Part VIII, line 2g) | 409,533,327. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,679,148. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 5,475,323. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 479,530,401. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 123,391,531. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. |
| Expenses | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 230,290,737. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) 12,757,668. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 154,433,151. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 508,115,419. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | -28,585,018. |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 1727722407. |
| | 21 Total liabilities (Part X, line 26) | 354,884,854. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1372837553. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|--|--|
| Sign Here | Signature of officer SAMUEL SOLOMON, CFO AND TREASURER | Date |
| Paid Preparer Use Only | Print/Type preparer's name SHYAMALEE JOSEPH | Preparer's signature |
| | Firm's name KPMG LLP | Date |
| | Firm's address 60 SOUTH STREET BOSTON, MA 02111 | Check if self-employed <input type="checkbox"/> PTIN P01085371 |
| | | Firm's EIN 13-5565207 |
| | | Phone no. 617-988-1000 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: AS A RESEARCH UNIVERSITY, BRANDEIS UNIVERSITY IS DEDICATED TO THE ADVANCEMENT OF THE HUMANITIES, ARTS AND SOCIAL, NATURAL AND PHYSICAL SCIENCES. AS A LIBERAL ARTS COLLEGE, BRANDEIS AFFIRMS THE IMPORTANCE OF A BROAD AND CRITICAL EDUCATION IN ENRICHING THE LIVES OF STUDENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 345,463,314. including grants of \$ 116,963,305.) (Revenue \$ 305,647,611.) INSTRUCTIONAL AND ACADEMIC SUPPORT: BRANDEIS UNIVERSITY IS A RARE COMBINATION OF A LIBERAL ARTS COLLEGE AND A GLOBAL RESEARCH UNIVERSITY. OUR STUDENT BODY NUMBERS 5,300, INCLUDING UNDERGRADUATES AND GRADUATE STUDENTS. WE HAVE A GRADUATE SCHOOL OF ARTS AND SCIENCES AND TWO PROFESSIONAL SCHOOLS, THE HELLER SCHOOL FOR SOCIAL POLICY AND MANAGEMENT AND THE INTERNATIONAL BUSINESS SCHOOL. THE RABB SCHOOL OF CONTINUING STUDIES OFFERS GRADUATE PROFESSIONAL PROGRAMS FOR PART-TIME STUDENTS. MANY ACADEMIC PROGRAMS ARE ENRICHED BY MYRIAD INTERACTIONS WITH THE NUMEROUS OTHER LEADING UNIVERSITIES IN THE AREA. WE WORK TO CONNECT THEORY AND PRACTICE THROUGH FIELD WORK AND EXPERIENTIAL LEARNING.

4b (Code:) (Expenses \$ 59,412,439. including grants of \$ 5,171,858.) (Revenue \$ 68,000,011.) SPONSORED PROGRAMS INCLUDE VARIOUS RESEARCH AND INSTRUCTIONAL PROGRAMS FUNDED BY EXTERNAL PARTIES, INCLUDING THE FEDERAL GOVERNMENT, FOREIGN AND STATE GOVERNMENTS AND PRIVATE FOUNDATIONS AND CORPORATIONS. BRANDEIS RESEARCH IS AT THE HEART OF MANY SOCIETAL, ARTISTIC, INTELLECTUAL AND SCIENTIFIC ADVANCES. RESEARCH AT BRANDEIS IS INTERDISCIPLINARY, BOLD AND COLLABORATIVE. IT'S AN APPROACH THAT ENABLES THE FACULTY TO LEVERAGE THE RELATIVELY SMALL SIZE OF THE UNIVERSITY TO ACHIEVE AN IMPACT WELL BEYOND THE SUM OF ITS PARTS. BRANDEIS IS WHOLLY COMMITTED TO THE PROPOSITION THAT BASIC RESEARCH IS THE ENGINE OF INNOVATION IN HUMAN HEALTH AND WELL-BEING.

4c (Code:) (Expenses \$ 43,226,339. including grants of \$) (Revenue \$ 50,334,008.) AUXILIARY ENTERPRISES: BRANDEIS UNIVERSITY SERVES THE NEEDS AND INTERESTS OF STUDENTS AND HAS BROAD RESPONSIBILITY FOR THE SERVICES AND ACTIVITIES THAT ENHANCE THE QUALITY OF STUDENT LIFE OUTSIDE THE CLASSROOM. THESE SERVICES AND ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO COMMUNITY LIVING, DINING SERVICES, HEALTH CENTER, PSYCHOLOGICAL COUNSELING CENTER, AND INTERFAITH CHAPLAINCY.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 448,102,092.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|--------------|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | X |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | X |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | X |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b X | |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | Yes | No |
|---|----------------|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a 7046 | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (46), 1b (43), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ, CA, FL, MD, MA, NJ, NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SAMUEL SOLOMON, CFO AND TREASURER - 781-736-2000
415 SOUTH STREET, WALTHAM, MA 02454

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) RONALD LIEBOWITZ PRESIDENT | 60.00 0.00 | X | | X | | | | 1,217,024. | 0. | 77,275. |
| (2) CAROL FIERKE PROVOST, EVP ACADEMIC AFFAIRS | 50.00 0.00 | | | X | | | | 623,080. | 0. | 60,438. |
| (3) STEWART URETSKY EVP FINANCE & ADMINISTRATION | 50.00 0.00 | | | X | | | | 558,337. | 0. | 30,500. |
| (4) TAREK SAGHIR CHIEF INVESTMENT OFFICER (AS OF 2/22) | 50.00 0.00 | | | | X | | | 468,733. | 0. | 62,670. |
| (5) KATHRYN APPLEBY DEAN | 50.00 0.00 | | | | | X | | 449,813. | 0. | 61,381. |
| (6) LISA LYNCH FACULTY | 50.00 0.00 | | | | | X | | 362,673. | 0. | 60,438. |
| (7) SAMUEL SOLOMON CFO, TREASURER | 50.00 0.00 | | | X | | | | 349,481. | 0. | 66,030. |
| (8) JAMES LA CRETA CHIEF INFORMATION OFFICER | 50.00 0.00 | | | | X | | | 364,893. | 0. | 49,775. |
| (9) JON CHILINGERIAN FACULTY | 50.00 0.00 | | | | | X | | 355,223. | 0. | 53,252. |
| (10) HANNAH PETERS SVP INSTITUTIONAL ADVANCEMENT | 50.00 0.00 | | | | X | | | 374,984. | 0. | 30,500. |
| (11) ANNA SCHERBINA FACULTY | 50.00 0.00 | | | | | X | | 379,055. | 0. | 26,648. |
| (12) IRVING EPSTEIN FACULTY | 50.00 0.00 | | | | | X | | 340,053. | 0. | 31,098. |
| (13) LOIS STANLEY VP CAMPUS OPERATIONS | 50.00 0.00 | | | | X | | | 288,937. | 0. | 56,324. |
| (14) DANIAL KIM SVP COMMUNICATIONS (THRU 5/23) | 50.00 0.00 | | | | X | | | 276,026. | 0. | 61,366. |
| (15) STEVEN LOCKE SVP, GENERAL COUNSEL | 50.00 0.00 | | | | X | | | 272,619. | 0. | 61,173. |
| (16) ROBIN SWITZER VP HR | 50.00 0.00 | | | | X | | | 265,728. | 0. | 26,244. |
| (17) NICHOLAS WARREN CHIEF INVESTMENT OFFICER (THRU 3/22) | 50.00 0.00 | | | | X | | | 243,221. | 0. | 23,013. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) STEVEN KAREL VICE PROVOST FOR RESEARCH | 50.00 0.00 | | | | X | | | 234,994. | 0. | 22,993. |
| (19) ZAMIRA KORFF SVP ADVANCEMENT (THRU 10/21) | 0.00 0.00 | | | | | | X | 144,282. | 0. | 12,459. |
| (20) WILLIAM O'REILLY CHIEF OF STAFF (THRU 6/22) | 50.00 0.00 | | | | | | X | 134,458. | 0. | 11,848. |
| (21) ORLA O'BRIEN ASSISTANT SECRETARY | 50.00 0.00 | | | X | | | | 128,045. | 0. | 17,850. |
| (22) LISA R. KRANC TRUSTEE - CHAIR | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (23) DANIEL J. JICK TRUSTEE - VICE CHAIR | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (24) CYNTHIA D. SHAPIRA TRUSTEE - VICE CHAIR | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (25) CURTIS H. TEARTE TRUSTEE - VICE CHAIR | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (26) LESLIE M. ARONZON TRUSTEE - SECRETARY | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 7,831,659. | 0. | 903,275. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 7,831,659. | 0. | 903,275. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 475

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | X | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| SODEXO INC., 9801 WASHINGTONIAN BOULEVARD, GAITHERSBURG, MD 20878 | FOOD SERVICE | 12,294,739. |
| ARAMARK SERVICES, INC., GROUP DALLAS LOCKBOX, P.O. BOX 978839, DALLAS, TX | FOOD SERVICE | 10,368,327. |
| ELAINE CONSTRUCTION COMPANY, INC. 90 WELLS AVENUE, NEWTON, MA 02459 | CONSTRUCTION | 4,362,117. |
| BIGELOW & FLEMING, LLC 14 NORFOLK AVENUE, SOUTH EASTON, MA 02375 | CONSTRUCTION | 2,866,228. |
| BOND CIVIL & UTILITY CONSTRUCTION, INC., 100 CEDAR STREET, STE 100, PROVIDENCE, RI | CONSTRUCTION | 1,982,632. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 213

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) CYNTHIA L. BERENSON TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (28) STEPHEN L. BERGER TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (29) DEBORAH BIAL TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (30) DANIEL H. BLUMENTHAL TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (31) LEWIS H. BROOKS TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (32) STEVEN M. BUNSON TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (33) MERLE R. CARRUS TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (34) AMY L. COHEN TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (35) JONATHAN G. DAVIS TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (36) BARBARA A. DORTCH-OKARA TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (37) NANCY A. DREYER TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (38) SUSAN K. FEIGENBAUM TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (39) MADALYN E. FRIEDBERG TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (40) MARJORIE HASS TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (41) RONALD L. KAISERMAN TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (42) LINDA HELLER KAMM TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (43) ELLEN L. KAPLAN TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (44) STEPHEN B. KAY TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (45) MARTIN R. KUPFERBERG TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (46) SYLVIA M. NEIL TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (47) MONIQUE L. NELSON TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (48) GREGORY A. PETSKO TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (49) RONALD A. RATNER TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (50) STEPHEN R. REINER TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (51) ADAM RIFKIN TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (52) LEONARD X. ROSENBERG TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (53) JAY S. RUDERMAN TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (54) DANIEL S. RUEVEN TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (55) CAROL R. SAIVETZ TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (56) BARBARA Z. SANDER TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (57) MINDY L. SCHNEIDER TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (58) BRAM SHAPIRO TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (59) MALCOM L. SHERMAN TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (60) TODD E. SOLOWAY TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (61) MARK A. SURCHIN TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (62) BARTON J. WINOKUR TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (63) LEWIN C. WRIGHT TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (64) BING-LE WU TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (65) LAN XUE TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (66) XIRU ZHANG TRUSTEE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | |
|---|---|---------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 312,620. | | | | |
| | c Fundraising events | 1c | 97,233. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 42,444,170. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 5,892,519. | | | | |
| | h Total. Add lines 1a-1f | | 42,854,023. | | | | |
| Program Service Revenue | 2 a TUITION & FEES | Business Code | | | | | |
| | | 611710 | 296830670. | 296830670. | | | |
| | b SPONSORED PROGRAMS | 611710 | 68,000,011. | 68000011. | | | |
| | c AUXILIARY SERVICES | 721000 | 50,334,008. | 50210618. | 123,390. | | |
| | d BRANDEIS NATIONAL COMMITTEE | 900099 | 549,409. | 549,409. | | | |
| | e BRANDEIS OSHER LIFETIME LEARNING | 611710 | 360,873. | 360,873. | | | |
| | f All other program service revenue | 900099 | 5,845,394. | 5,795,826. | 49,568. | | |
| | g Total. Add lines 2a-2f | | 421920365. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 4,549,559. | | -2570714. | 7120273. | |
| | 4 Income from investment of tax-exempt bond proceeds | | 690. | | | 690. | |
| | 5 Royalties | | 2,558,786. | | | 2558786. | |
| | 6 a Gross rents | 6a | (i) Real | 1,665,701. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | 0. | | | | |
| | c Rental income or (loss) | 6c | 1,665,701. | | | | |
| | d Net rental income or (loss) | | 1,665,701. | | 1100693. | 565,008. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 177,272,556. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 174,189,746. | | | | |
| | c Gain or (loss) | 7c | 3,082,810. | | | | |
| d Net gain or (loss) | | 3,082,810. | | 5554357. | -2471547. | | |
| 8 a Gross income from fundraising events (not including \$ 97,233. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 156,716. | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | 156,716. | | | | | |
| c Net income or (loss) from fundraising events | | 0. | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS INCOME | Business Code | | | | | |
| | | 900099 | 2,061,265. | 2,061,265. | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 2,061,265. | | | | | |
| 12 Total revenue. See instructions | | 478693199. | 423808672. | 4257294. | 7773210. | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 5,171,859. | 5,171,859. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 115,782,091. | 115,782,091. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 1,181,213. | 1,181,213. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 6,402,576. | 897,936. | 4,805,459. | 699,181. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 325,576. | 325,576. | | |
| 7 Other salaries and wages | 183,006,417. | 158,091,222. | 16,870,587. | 8,044,608. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 11,718,326. | 10,239,426. | 977,066. | 501,834. |
| 9 Other employee benefits | 21,735,412. | 18,198,908. | 2,540,140. | 996,364. |
| 10 Payroll taxes | 12,264,904. | 10,499,051. | 1,214,388. | 551,465. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 1,444,741. | 495,447. | 949,294. | |
| c Accounting | 382,567. | | 382,567. | |
| d Lobbying | 12,978. | 12,978. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 3,130,558. | | 3,130,558. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 6,020,512. | 3,970,824. | 1,708,254. | 341,434. |
| 12 Advertising and promotion | 4,186,534. | 1,666,415. | 2,448,239. | 71,880. |
| 13 Office expenses | 14,089,646. | 10,702,172. | 2,697,567. | 689,907. |
| 14 Information technology | 12,052,575. | 6,712,362. | 5,050,919. | 289,294. |
| 15 Royalties | | | | |
| 16 Occupancy | 22,421,065. | 18,838,405. | 3,552,609. | 30,051. |
| 17 Travel | 4,741,372. | 4,288,385. | 245,061. | 207,926. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,846,393. | 1,754,374. | 58,632. | 33,387. |
| 20 Interest | 11,157,113. | 8,284,741. | 2,872,372. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 28,365,976. | 26,375,418. | 1,990,558. | |
| 23 Insurance | 2,540,076. | | 2,540,076. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a DINING SERVICES | 19,629,376. | 19,418,965. | 115,065. | 95,346. |
| b STIPENDS AND FELLOWSHIP | 9,013,311. | 8,922,448. | 90,863. | |
| c LIBRARY | 4,667,265. | 4,603,199. | 63,865. | 201. |
| d STUDY ABROAD PAYMENTS | 2,760,320. | 2,760,320. | | |
| e All other expenses | 10,239,489. | 8,908,357. | 1,126,342. | 204,790. |
| 25 Total functional expenses. Add lines 1 through 24e | 516,290,241. | 448,102,092. | 55,430,481. | 12,757,668. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) | | (B) |
|--|--|-------------------------|--------------|--------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 1,259,632. | 1 | 11,019,716. |
| | 2 Savings and temporary cash investments | 53,976,198. | 2 | 35,722,326. |
| | 3 Pledges and grants receivable, net | 18,526,021. | 3 | 18,651,176. |
| | 4 Accounts receivable, net | 25,003,653. | 4 | 20,937,479. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 4,727,748. | 7 | 3,749,668. |
| | 8 Inventories for sale or use | 611,845. | 8 | 948,776. |
| | 9 Prepaid expenses and deferred charges | 22,892,421. | 9 | 25,442,335. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 918,482,087. | | |
| | b Less: accumulated depreciation | 10b 567,201,087. | | |
| | 11 Investments - publicly traded securities | 351,861,101. | 10c | 351,281,000. |
| | 12 Investments - other securities. See Part IV, line 11 | 120,855,927. | 11 | 113,309,618. |
| | 13 Investments - program-related. See Part IV, line 11 | 1107905243. | 12 | 1125501652. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 20,102,618. | 14 | 22,545,073. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 1727722407. | 15 | 1729108819. | |
| 17 Accounts payable and accrued expenses | 35,569,834. | 16 | 31,316,004. | |
| 18 Grants payable | | 17 | | |
| 19 Deferred revenue | 25,363,564. | 18 | 23,277,652. | |
| 20 Tax-exempt bond liabilities | 241,697,875. | 19 | 229,839,045. | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | | |
| 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | 27,000,000. | 22 | 26,325,000. | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 23 | | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 25,253,581. | 24 | 27,509,723. | |
| 26 Total liabilities. Add lines 17 through 25 | 354,884,854. | 25 | 338,267,424. | |
| 27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | 26 | | |
| 27 Net assets without donor restrictions | 190,662,088. | 27 | 196,332,513. | |
| 28 Net assets with donor restrictions | 1182175465. | 28 | 1194508882. | |
| 29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| 29 Capital stock or trust principal, or current funds | | 29 | | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| 32 Total net assets or fund balances | 1372837553. | 32 | 1390841395. | |
| 33 Total liabilities and net assets/fund balances | 1727722407. | 33 | 1729108819. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|----------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 478,693,199. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 516,290,241. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -37,597,042. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,372,837,553. |
| 5 | Net unrealized gains (losses) on investments | 5 | 58,049,253. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -2,448,369. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,390,841,395. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|----|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | X | |
| | | |
| 2c | X | |
| | | |
| 3a | X | |
| | | |
| 3b | X | |

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

| | |
|--|---|
| Name of the organization BRANDEIS UNIVERSITY | Employer identification number 04-2103552 |
|--|---|

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 41754856. | 54711068. | 27153598. | 61842603. | 42854023. | 228316148 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 41754856. | 54711068. | 27153598. | 61842603. | 42854023. | 228316148 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 6089229. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 222226919 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-----------|-----------|-----------|-----------|-------------------|--------------------------|
| 7 Amounts from line 4 | 41754856. | 54711068. | 27153598. | 61842603. | 42854023. | 228316148 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 13175283. | 6228097. | 9560732. | -546,250. | 10244757. | 38662619. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0. | 0. | 0. | 4510443. | 0. | 4510443. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 131,890. | 140,306. | 2,822. | 77,141. | 156,716. | 508,875. |
| 11 Total support. Add lines 7 through 10 | | | | | | 271998085 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 1,968,958,418. | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 81.70 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 79.21 % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|---------------------------|---|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|---|---|--|---|
| 1 | Distributable amount for 2022 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2022 | | |
| a | From 2017 | | |
| b | From 2018 | | |
| c | From 2019 | | |
| d | From 2020 | | |
| e | From 2021 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2022 distributable amount | | |
| i | Carryover from 2017 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2022 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2022 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2018 | | |
| b | Excess from 2019 | | |
| c | Excess from 2020 | | |
| d | Excess from 2021 | | |
| e | Excess from 2022 | | |

Schedule A (Form 990) 2022

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

EVENT REVENUE AND OTHER MISCELLANEOUS INCOME

2018 AMOUNT: \$ 131,890.

2019 AMOUNT: \$ 140,306.

2020 AMOUNT: \$ 2,822.

2021 AMOUNT: \$ 77,141.

2022 AMOUNT: \$ 156,716.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of organization BRANDEIS UNIVERSITY | Employer identification number 04-2103552 |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | 12,978. |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 12,978. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|--|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE UNIVERSITY IS A MEMBER OF VARIOUS NATIONAL AND STATE ORGANIZATIONS,

SUCH AS ASSOCIATION OF AMERICAN UNIVERSITIES, ASSOCIATION OF

INDEPENDENT COLLEGES AND UNIVERSITIES IN MASSACHUSETTS, NEW ENGLAND

COMMISSION FOR HIGHER EDUCATION, NATIONAL ASSOCIATION OF COLLEGE AND

UNIVERSITY BUSINESS OFFICERS, NATIONAL ASSOCIATION OF INDEPENDENT

Part IV Supplemental Information *(continued)*

COLLEGES AND UNIVERSITIES, WORLD RESOURCE INSTITUTE, THE NEW ENGLAND
COUNCIL, INC. AND SOCIETY FOR HUMAN RESOURCE MANAGEMENT. MEMBERSHIP
FEES TO THESE ORGANIZATIONS ALLOCABLE TO LOBBYING ACTIVITIES AMOUNTED
TO \$12,978.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization BRANDEIS UNIVERSITY Employer identification number 04-2103552

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year (11), aggregate value of contributions, grants, and end of year (140,933 and 894,842).

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: Purpose(s) of conservation easements, lines 2a-2d table for held at end of tax year, and various monitoring and expense questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a, 1b, 2, a, b regarding art and historical treasures collections and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,205,167,449. | 1,286,001,704. | 1,073,589,245. | 1,073,525,864. | 1,046,386,224. |
| b Contributions | 21,025,735. | 24,278,329. | 7,267,347. | 18,320,825. | 19,978,652. |
| c Net investment earnings, gains, and losses | 55,987,632. | -42,017,382. | 271,284,958. | 39,388,112. | 58,779,655. |
| d Grants or scholarships | 22,486,018. | 21,306,264. | 20,762,020. | 21,432,479. | 21,139,541. |
| e Other expenditures for facilities and programs | 37,801,376. | 35,820,108. | 35,678,107. | 34,429,939. | 30,479,126. |
| f Administrative expenses | 5,676,853. | 5,968,830. | 9,699,722. | 1,783,138. | |
| g End of year balance | 1,216,216,569. | 1,205,167,449. | 1,286,001,701. | 1,073,589,245. | 1,073,525,864. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 9.2507 %
 - b Permanent endowment 61.3238 %
 - c Term endowment 29.4255 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 49,703,435. | | 49,703,435. |
| b Buildings | | 436,196,499. | 225,556,440. | 210,640,059. |
| c Leasehold improvements | | 238,514,562. | 213,744,415. | 24,770,147. |
| d Equipment | | 166,094,209. | 127,900,232. | 38,193,977. |
| e Other | | 27,973,382. | | 27,973,382. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 351,281,000. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) GLOBAL EQUITY | 78,591,675. | END-OF-YEAR MARKET VALUE |
| (B) NON-U.S. EQUITY | 222,555,355. | END-OF-YEAR MARKET VALUE |
| (C) PRIVATE EQUITY | 298,858,937. | END-OF-YEAR MARKET VALUE |
| (D) HEDGE FUND/CREDIT | 354,471,118. | END-OF-YEAR MARKET VALUE |
| (E) REAL ASSETS | 156,575,230. | END-OF-YEAR MARKET VALUE |
| (F) CASH EQUIVALENTS AND | | |
| (G) OTHER | 14,449,337. | END-OF-YEAR MARKET VALUE |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 1125501652. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ESTIMATED LIABILITY TO ANNUITANTS | 9,235,670. |
| (3) ENVIRONMENTAL LIABILITY | 6,159,835. |
| (4) REFUNDABLE STUDENT LOAN ADVANCES | 1,361,839. |
| (5) CAPITAL LEASE LIABILITY | 10,075,764. |
| (6) DEFERRED COMPENSATION AND | |
| (7) SEVERANCE | 142,713. |
| (8) ENERGY EFFICIENCY LIABILITY | 533,902. |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 27,509,723. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 414,200,220. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 58,049,253. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -119411674. |
| e | Add lines 2a through 2d | 2e | -61,362,421. |
| 3 | Subtract line 2e from line 1 | 3 | 475,562,641. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 3,130,558. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 3,130,558. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 478,693,199. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|--------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 396,196,378. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 396,196,378. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 3,130,558. |
| b | Other (Describe in Part XIII.) | 4b | 116,963,305. |
| c | Add lines 4a and 4b | 4c | 120,093,863. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 516,290,241. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

COLLECTIONS OF ART

COLLECTIONS AT BRANDEIS UNIVERSITY ARE PROTECTED AND PRESERVED FOR PUBLIC

EXHIBITION, EDUCATION, RESEARCH AND THE FURTHERANCE OF PUBLIC SERVICE.

COLLECTIONS ARE NOT CAPITALIZED; SALES AND PURCHASES OF COLLECTION ITEMS

ARE RECORDED AS NON-OPERATING REVENUE AND EXPENSES IN THE UNIVERSITY'S

FINANCIAL STATEMENTS IN THE PERIOD IN WHICH THE ITEMS ARE SOLD OR

ACQUIRED, RESPECTIVELY.

PART III, LINE 4:

FOUNDED IN 1961, THE ROSE ART MUSEUM (THE ROSE) IS AN INTEGRAL PART OF

BRANDEIS UNIVERSITY. THE ROSE IS AN EDUCATIONAL AND CULTURAL MUSEUM

Part XIII Supplemental Information (continued)

DEDICATED TO COLLECTING, PRESERVING AND EXHIBITING THE FINEST OF MODERN AND CONTEMPORARY ART. THE PROGRAMS OF THE ROSE ADHERE TO THE OVERALL MISSION OF THE UNIVERSITY, EMBRACING ITS VALUES OF ACADEMIC EXCELLENCE, SOCIAL JUSTICE, AND FREEDOM OF EXPRESSION.

THE ROSE IS ACTIVE IN THE ACADEMIC, CULTURAL, AND SOCIAL LIFE OF BRANDEIS. THE ROSE SEEKS TO STIMULATE PUBLIC AWARENESS AND DISSEMINATE KNOWLEDGE OF MODERN AND CONTEMPORARY ART TO ENRICH EDUCATIONAL, CULTURAL, AND ARTISTIC COMMUNITIES REGIONALLY, NATIONALLY, AND INTERNATIONALLY. IT PROMOTES LEARNING AND UNDERSTANDING OF THE EVOLVING MEANINGS, IDEAS, AND FORMS OF VISUAL ART RELEVANT TO CONTEMPORARY SOCIETY.

PART V, LINE 4:

ENDOWMENT FUNDS

BRANDEIS UNIVERSITY'S ENDOWMENT AND QUASI-ENDOWMENT CONSISTS OF APPROXIMATELY 2,000 INDIVIDUAL ENDOWMENT ACCOUNTS ESTABLISHED FOR A VARIETY OF PURPOSES IN ACCORDANCE WITH THE APPLICABLE LAW AND DONOR INTENT AND FUNDS DESIGNATED BY THE UNIVERSITY'S BOARD TO OPERATE AS ENDOWMENT (QUASI-ENDOWMENT). A MAJORITY OF THE FUNDS PROVIDE SCHOLARSHIPS AND FINANCIAL AID ASSISTANCE TO UNDERGRADUATE AND GRADUATE STUDENTS. OTHER USES OF THE FUNDS INCLUDE, BUT ARE NOT LIMITED TO, SUPPORT FOR FELLOWSHIPS, THE CREATION AND FUNDING OF ENDOWED CHAIRS AND PROFESSORSHIPS, AND SUPPORT FOR THE UNIVERSITY'S TEACHING AND RESEARCH ACTIVITIES. THE UNIVERSITY'S ENDOWMENT INVESTMENT OBJECTIVES ARE TO MAXIMIZE RISK-ADJUSTED RETURNS FOR A LONG-TERM HORIZON. THE ENDOWMENT INTENDS TO ACHIEVE ITS OBJECTIVES BY INVESTING IN MULTIPLE ASSET CLASSES. IN ORDER TO MEET THE PRIMARY INVESTMENT GOALS FOR ENDOWMENT FUNDS, THE AVERAGE ANNUAL NET TOTAL RETURN OVER AN EXTENDED PERIOD, AFTER ADJUSTING

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

FOR INFLATION, IS DEEMED SUFFICIENT TO SUPPORT THE SPENDING RATE AS DETERMINED BY THE UNIVERSITY'S BOARD OF TRUSTEES. TO HAVE A REASONABLE PROBABILITY OF ACHIEVING THE ENDOWMENT'S PRIMARY INVESTMENT GOAL AT AN ACCEPTABLE RISK LEVEL, THE INVESTMENT COMMITTEE HAS ADOPTED A LONG-TERM ASSET ALLOCATION POLICY.

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE

THE UNIVERSITY IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED (THE CODE), AND IS GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. THE UNIVERSITY IS REQUIRED TO ASSESS UNCERTAIN TAX POSITIONS AND HAS DETERMINED THAT THERE WERE NO SUCH POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---------------------------------------|---------------|
| FINANCIAL AID | -116,963,305. |
| CHANGE IN VALUE OF SPLIT INTEREST | -2,448,369. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | -119,411,674. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---------------|--------------|
| FINANCIAL AID | 116,963,305. |
|---------------|--------------|

SCHEDULE E
(Form 990)

Schools

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or
Form 990-EZ, Part VI, line 48.

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

Part I

| | YES | NO |
|---|-----|----|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | X | |
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | X | |
| 3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II | X | |
| SEE SUPPLEMENTAL INFO | | |
| 4 Does the organization maintain the following? | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | X | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .. | X | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | X | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | X | |
| If you answered "No" to any of the above, please explain. If you need more space, use Part II. | | |
| 5 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | | X |
| b Admissions policies? | | X |
| c Employment of faculty or administrative staff? | | X |
| d Scholarships or other financial assistance? | | X |
| e Educational policies? | | X |
| f Use of facilities? | | X |
| g Athletic programs? | | X |
| h Other extracurricular activities? | | X |
| If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? | X | |
| b Has the organization's right to such aid ever been revoked or suspended? | | X |
| If you answered "Yes" on either line 6a or line 6b, explain on Part II. | | |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II | X | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990) 2022

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

PART I, LINE 3

NONDISCRIMINATION POLICY

THE UNIVERSITY'S NON-DISCRIMINATION AND HARASSMENT POLICY IS PUBLICIZED IN THE STUDENT HANDBOOK AND HUMAN RESOURCE AND EMPLOYEE RELATIONS POLICY AND PROCEDURES MANUAL ON THE BRANDEIS WEBSITE. THE POLICY APPLIES TO ALL BRANDEIS STUDENTS, FACULTY AND STAFF. NOTICE OF NONDISCRIMINATION POLICY IS ALSO AVAILABLE ON BRANDEIS UNIVERSITY'S HOMEPAGE.

BRANDEIS UNIVERSITY IS COMMITTED TO AND STRIVES TO CREATE AN EDUCATIONAL AND WORK ENVIRONMENT FREE OF DISCRIMINATION, HARASSMENT & SEXUAL VIOLENCE. BRANDEIS PROHIBITS DISCRIMINATION AND HARASSMENT AGAINST STUDENTS, STAFF, AND FACULTY ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, ETHNICITY, CASTE, SEX, PREGNANCY, SEXUAL ORIENTATION, GENDER IDENTITY/EXPRESSION, INCLUDING TRANSGENDER IDENTITY, RELIGION, DISABILITY, AGE, GENETICS, ACTIVE MILITARY OR VETERAN STATUS AND ANY OTHER CHARACTERISTICS PROTECTED UNDER APPLICABLE FEDERAL OR MASSACHUSETTS LAW, KNOWN AS "PROTECTED CATEGORIES." BRANDEIS ALSO PROHIBITS SEXUAL VIOLENCE AGAINST STUDENTS, STAFF AND FACULTY WHICH INCLUDES SEXUAL ASSAULT, STALKING, DATING VIOLENCE, AND DOMESTIC VIOLENCE. SOME OF THE STATE AND FEDERAL LAWS APPLICABLE TO ISSUES OF DISCRIMINATION, HARASSMENT, AND SEXUAL VIOLENCE INCLUDE TITLE VII OF THE 1964 CIVIL RIGHTS ACT, AND ITS STATE COUNTERPART, M.G.L. C. 151B; TITLE VI OF THE 1964 CIVIL RIGHTS ACT; TITLE IX OF THE 1972 EDUCATION AMENDMENTS; THE VIOLENCE AGAINST WOMEN ACT (VAWA); THE AMERICANS WITH DISABILITY ACT (ADA) AND THE ADA AMENDMENTS ACTS (ADAAA); SECTION 503 AND 504 OF THE REHABILITATION ACT; AND THE AGE DISCRIMINATION IN EMPLOYMENT ACT (ADEA). BRANDEIS UNIVERSITY AFFIRMS ITS COMMITMENT TO

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION AND DOES NOT DISCRIMINATE IN ITS EDUCATIONAL PROGRAMS OR ACTIVITIES, OR IN EMPLOYMENT BASED ON ANY OF THE PROTECTED CATEGORIES.

PART I, LINE 6A

FUNDS FROM GOVERNMENT AGENCIES

THE UNIVERSITY RECEIVED FUNDS FROM VARIOUS GOVERNMENTAL AGENCIES FOR THE PURPOSE OF PROVIDING FINANCIAL ASSISTANCE TO QUALIFIED RECIPIENTS, TO SUPPORT SPONSORED RESEARCH AND THE CONSTRUCTION OF EDUCATIONAL FACILITIES.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

| | |
|--|---|
| Name of the organization BRANDEIS UNIVERSITY | Employer identification number 04-2103552 |
|--|---|

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 74,662. |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 148,118. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 1,834,060. |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 95,451. |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 179,907. |
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 31,385. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 0 | PROGRAM SERVICES | STUDY ABROAD | 44,110. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICES | CERN | 812,676. |
| 3 a Subtotal | 0 | 0 | | | 3,220,369. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 433,275,911. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 436,496,280. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 0 | 0 | PROGRAM SERVICES | RESEARCH | 193,629. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICES | RESEARCH | 103,875. |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 0 | 0 | PROGRAM SERVICES | RESEARCH | 82,632. |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | PROGRAM SERVICES | RESEARCH | 43,146. |
| RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS, | 0 | 0 | PROGRAM SERVICES | RESEARCH | 11,561. |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, | 0 | 0 | PROGRAM SERVICES | RESEARCH | 184,801. |
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, | 0 | 0 | PROGRAM SERVICES | RESEARCH | 2,730. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 0 | PROGRAM SERVICES | RESEARCH | 182,486. |
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | INVESTMENTS | | 429144167. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | INVESTMENTS | | 120,255. |
| Totals | | | | | |

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, | 0 | 0 | INVESTMENTS | | 3,206,629. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | | | | 433,275,911. |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|---|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| SCHOLARSHIP AND FINANCIAL AID | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | 3 | 36,400. | SEE PART V | 0. | | |
| SCHOLARSHIP AND FINANCIAL AID | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | 9 | 104,155. | SEE PART V | 0. | | |
| SCHOLARSHIP AND FINANCIAL AID | EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, | 64 | 802,275. | SEE PART V | 0. | | |
| SCHOLARSHIP AND FINANCIAL AID | MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 5 | 47,597. | SEE PART V | 0. | | |
| SCHOLARSHIP AND FINANCIAL AID | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | 9 | 121,908. | SEE PART V | 0. | | |
| SCHOLARSHIP AND FINANCIAL AID | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, | 2 | 27,213. | SEE PART V | 0. | | |
| SCHOLARSHIP AND FINANCIAL AID | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 3 | 41,665. | SEE PART V | 0. | | |
| | | | | | | | |
| | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROCEDURE OF MONITORING USE OF GRANTS AND ASSISTANCE TO INDIVIDUALS:

BRANDEIS UNIVERSITY PROVIDES GRANTS AND SCHOLARSHIPS TO STUDENTS THAT ARE STUDYING ABROAD. THE UNIVERSITY ENSURES THAT SUCH GRANTS AND OTHER ASSISTANCE ARE USED FOR STUDY ABROAD PURPOSES OR ARE NOT OTHERWISE DIVERTED FROM THE INTENDED USE BY DIRECTLY APPLYING THE GRANTS AND ASSISTANCE TO THE STUDY ABROAD INSTITUTIONS.

PART III, COLUMN (E):

MANNER OF CASH DISBURSEMENT:

STUDENT SCHOLARSHIPS AND FINANCIAL AID TO STUDENTS ARE CREDITED TO EACH STUDENT'S ACCOUNT AND PAID DIRECTLY TO THE INSTITUTIONS AT WHICH THE STUDENT IS STUDYING ABROAD.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|------------------------------------|----------------------|--|----------|
| | | BOOK & AUTHOR LUNCH (event type) | BNC ZOOM SERIES (event type) | 11 (total number) | | |
| Revenue | 1 | Gross receipts | 146,514. | 16,968. | 90,467. | 253,949. |
| | 2 | Less: Contributions | 51,361. | 16,968. | 28,904. | 97,233. |
| | 3 | Gross income (line 1 minus line 2) | 95,153. | | 61,563. | 156,716. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | 68,258. | | 5,042. | 73,300. |
| | 7 | Food and beverages | 12,046. | | 45,593. | 57,639. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 14,849. | | 10,928. | 25,777. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 156,716. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 0. | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:
- Name _____
- Gaming manager compensation \$ _____
- Description of services provided _____
- _____
- _____
- Director/officer Employee Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Blank lined area for supplemental information

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **BRANDEIS UNIVERSITY** Employer identification number **04-2103552**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, SUITE N4327B BALTIMORE, MD 21211 | 52-0595110 | 501(C)(3) | 9,073. | 0. | | | RESEARCH |
| TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467 | 04-2103545 | 501(C)(3) | 9,584. | 0. | | | RESEARCH |
| UNIVERSITY OF ILLINOIS 506 SOUTH WRIGHT STREET, SUITE 352 URBANA, IL 61801-3620 | 37-6000511 | 501(C)(3) | 10,337. | 0. | | | RESEARCH |
| MAGEE WOMENS RESEARCH INSTITUTE & FOUNDATION - 3240 CRAFT PLACE, SUITE 100 - PITTSBURGH, PA 15213-4572 | 25-1462312 | 501(C)(3) | 11,932. | 0. | | | RESEARCH |
| UNIVERSITY OF TEXAS 301 UNIVERSITY BOULEVARD GALVESTON, TX 77555 | 74-6000949 | GOV'T | 13,668. | 0. | | | RESEARCH |
| THE BROOKINGS INSTITUTE 1175 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036-2103 | 53-0196577 | 501(C)(3) | 13,888. | 0. | | | RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 45.

3 Enter total number of other organizations listed in the line 1 table 1.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| THOMAS JEFFERSON UNIVERSITY 1015 WALNUT STREET, CURTIS BUILDING, SUITE 704 - PHILADELPHIA, PA 19107 | 23-1352651 | 501(C)(3) | 14,009. | 0. | | | RESEARCH |
| WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065 | 13-1623978 | 501(C)(3) | 16,659. | 0. | | | RESEARCH |
| UNIVERSITY OF HOUSTON 4800 CALHOUN ROAD HOUSTON, TX 77004 | 74-6001399 | GOV'T | 21,908. | 0. | | | RESEARCH |
| THE NEW YORK AND PRESBYTERIAN HOSPITAL - 525 EAST 68TH STREET - NEW YORK, NY 10065 | 13-3957095 | 501(C)(3) | 22,008. | 0. | | | RESEARCH |
| THE UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE, BOX 354965 SEATTLE, WA 98105 | 91-6001537 | GOV'T | 30,696. | 0. | | | RESEARCH |
| POLICE ASSISTED ADDICTION AND RECOVERY INITIATIVE INC - 12 BROADWAY - BEVERLY, MA 01915 | 47-4235159 | 501(C)(3) | 31,153. | 0. | | | RESEARCH |
| DISABILITY POLICY CONSORTIUM 11 DARTMOUTH STREET, SUITE 301 MALDEN, MA 02148 | 04-3570281 | 501(C)(3) | 32,022. | 0. | | | RESEARCH |
| BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118-2908 | 04-3314093 | 501(C)(3) | 34,927. | 0. | | | RESEARCH |
| CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610-1400 | 04-2111203 | 501(C)(3) | 37,001. | 0. | | | RESEARCH |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET, SUITE 613 COLUMBIA, SC 29208 | 57-6001153 | GOV'T | 40,021. | 0. | | | RESEARCH |
| THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 | 99-0435954 | 501(C)(3) | 40,656. | 0. | | | RESEARCH |
| CORNELL UNIVERSITY 377 PINE TREE ROAD ITHACA, NY 14850 | 15-0532082 | 501(C)(3) | 40,973. | 0. | | | RESEARCH |
| AUTISTIC SELF ADVOCACY NETWORK P.O. BOX 66122 WASHINGTON, DC 20035 | 26-1270198 | 501(C)(3) | 41,250. | 0. | | | RESEARCH |
| THE BRIGHAM AND WOMEN'S HOSPITAL INC - 75 FRANCIS STREET - BOSTON, MA 02115 | 04-2312909 | 501(C)(3) | 42,121. | 0. | | | RESEARCH |
| OREGON STATE UNIVERSITY 1500 SW JEFFERSON STREET CORVALLIS, OR 97331-8655 | 61-1730890 | 501(C)(3) | 44,584. | 0. | | | RESEARCH |
| CAMBRIDGE PUBLIC HEALTH COMMISSION 1035 CAMBRIDGE STREET CAMBRIDGE, MA 02139-1047 | 04-3320571 | 501(C)(3) | 51,991. | 0. | | | RESEARCH |
| CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229-3039 | 31-0833936 | 501(C)(3) | 53,420. | 0. | | | RESEARCH |
| DETROIT RECOVERY PROJECT 1121 EAST MCNICHOLS ROAD DETROIT, MI 48203 | 43-2078767 | 501(C)(3) | 56,025. | 0. | | | RESEARCH |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| REGENTS OF THE UNIVERSITY OF MINNESOTA - 3 MORRILL HALL, 100 CHURCH STREET SE - MINNEAPOLIS, MN 55455 | 41-6007513 | GOV'T | 56,963. | 0. | | | RESEARCH |
| UNIVERSITY OF COLORADO AT BOULDER 3100 MARINE STREET BOULDER, CO 80309 | 84-6000555 | 501(C)(3) | 60,212. | 0. | | | RESEARCH |
| UNIVERSITY OF MASSACHUSETTS - WORCESTER - 55 NORTH LAKE AVENUE - WORCESTER, MA 01655 | 04-3167352 | GOV'T | 70,772. | 0. | | | RESEARCH |
| UNIVERSITY OF MARYLAND COLLEGE PARK - 4603 CALVERT ROAD - COLLEGE PARK, MD 20740 | 52-2197313 | 501(C)(3) | 72,169. | 0. | | | RESEARCH |
| COMAGINE HEALTH 10700 MERIDIAN AVENUE NORTH 300 SEATTLE, WA 98133-9008 | 91-1072875 | 501(C)(3) | 77,225. | 0. | | | RESEARCH |
| KENNELL AND ASSOCIATES INC 3130 FAIRVIEW PARK DRIVE, SUITE 450 FALLS CHURCH, VA 22042 | 54-1771141 | CORPORATE | 81,509. | 0. | | | RESEARCH |
| DISABILITY RIGHTS EDUC & DEFENSE FUND - 3075 ADELINE STREET, SUITE 210 - BERKELEY, CA 94703 | 94-2620758 | 501(C)(3) | 83,081. | 0. | | | RESEARCH |
| STANLEY STREET TREATMENT AND RESOURCES, INC. - 386 STANLEY STREET - FALL RIVER, MA 02720 | 04-2604426 | 501(C)(3) | 83,137. | 0. | | | RESEARCH |
| UNIVERSITY OF NEW HAMPSHIRE 9 EDGEWOOD ROAD DURHAM, NH 03824 | 02-0437506 | GOV'T | 89,640. | 0. | | | RESEARCH |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HEBREW SENIOR LIFE 1200 CENTRE STREET ROSLINDALE, MA 02131 | 04-2104298 | 501(C)(3) | 97,903. | 0. | | | RESEARCH |
| OREGON HEALTH & SCIENCE UNIVERSITY 2020 SW 4TH AVENUE, SUITE 900 PORTLAND, OR 97201 | 23-7083114 | 501(C)(3) | 104,391. | 0. | | | RESEARCH |
| UNIVERSITY OF MASSACHUSETTS - AMHERST - CONTROLLER'S OFFICE, 405 GODELL BUILDING, 140 HICKS WAY - AMHERST, MA 01003-9272 | 04-3167352 | GOV'T | 131,006. | 0. | | | RESEARCH |
| NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115 | 04-1679980 | 501(C)(3) | 150,418. | 0. | | | RESEARCH |
| TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215 | 04-2103547 | 501(C)(3) | 173,593. | 0. | | | RESEARCH |
| BROWN UNIVERSITY P.O. BOX 1839 PROVIDENCE, RI 02912-1839 | 05-0258809 | 501(C)(3) | 184,682. | 0. | | | RESEARCH |
| TRUSTEES OF TUFTS COLLEGE 419 BOSTON AVENUE MEDFORD, MA 02155 | 04-2103634 | 501(C)(3) | 268,516. | 0. | | | RESEARCH |
| REGENTS OF THE UNIVERSITY OF MICHIGAN - 500 SOUTH STATE STREET - ANN ARBOR, MI 48109 | 38-6006309 | 501(C)(3) | 298,380. | 0. | | | RESEARCH |
| NORC 55 EAST MONROE STREET, 20TH FLOOR CHICAGO, IL 60603 | 36-2167808 | 501(C)(3) | 359,233. | 0. | | | RESEARCH |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114 | 04-1564655 | 501(C)(3) | 456,075. | 0. | | | RESEARCH |
| NEW YORK UNIVERSITY 105 EAST 17TH STREET, 2ND FLOOR NEW YORK, NY 10003-9580 | 13-5562308 | 501(C)(3) | 464,441. | 0. | | | RESEARCH |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA - 220 MONTGOMERY STREET - SAN FRANCISCO, CA 94104 | 94-6036493 | 501(C)(3) | 473,845. | 0. | | | RESEARCH |
| PRESIDENT AND FELLOWS OF HARVARD COLLEGE - P.O. BOX 415649 - BOSTON, MA 02241-5649 | 04-2103580 | 501(C)(3) | 601,841. | 0. | | | RESEARCH |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|----------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| UNDERGRAD FINANCIAL AID | 2390 | 82,205,541. | 0. | | |
| MASTERS PROGRAM FINANCIAL AID | 813 | 18,882,991. | 0. | | |
| DOCTORAL PROGRAM FINANCIAL AID | 488 | 13,423,119. | 0. | | |
| CONTINUING PROGRAM FINANCIAL AID | 25 | 94,265. | 0. | | |
| OTHER FINANCIAL AID | 52 | 703,111. | 0. | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROCEDURE OF MONITORING USE OF GRANTS TO GOVERNMENTAL AGENCIES AND

GOVERNMENTS:

THE UNIVERSITY MAINTAINS ITS GRANT FUNDS IN INDIVIDUAL GRANT ACCOUNTS AND

IS REQUIRED TO BE AUDITED ANNUALLY. IN ADDITION, THE UNIVERSITY HAS

ESTABLISHED RESEARCH POLICIES AND PROCEDURES AS GUIDELINES TO PRINCIPAL

INVESTIGATORS IN MANAGING THEIR GRANT AT BRANDEIS UNIVERSITY.

PART III

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| TRAINEE TUITION & FEES | 15. | 118,148. | 0. | | |
| TUITION DISCOUNT | 163. | 354,916. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information

PROCEDURE OF MONITORING USE OF GRANTS AND ASSISTANCE TO INDIVIDUALS:

THE UNIVERSITY PROVIDES GRANTS AND SCHOLARSHIPS TO STUDENTS AND APPLIES THE FINANCIAL AID DIRECTLY CREDITING EACH STUDENT'S ACCOUNT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | X | |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) RONALD LIEBOWITZ PRESIDENT | (i) | 702,884. | 0. | 514,140. | 30,500. | 51,924. | 1,299,448. | 163,468. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) CAROL FIERKE PROVOST, EVP ACADEMIC AFFAIRS | (i) | 583,018. | 0. | 40,062. | 30,500. | 32,992. | 686,572. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) STEWART URETSKY EVP FINANCE & ADMINISTRATION | (i) | 532,923. | 0. | 25,414. | 30,500. | 3,165. | 592,002. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) TAREK SAGHIR CHIEF INVESTMENT OFFICER (AS OF 2/22) | (i) | 455,164. | 0. | 13,569. | 24,400. | 41,176. | 534,309. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) KATHRYN APPLEBY DEAN | (i) | 407,487. | 0. | 42,326. | 30,500. | 33,647. | 513,960. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) LISA LYNCH FACULTY | (i) | 353,212. | 0. | 9,461. | 30,500. | 31,433. | 424,606. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) SAMUEL SOLOMON CFO, TREASURER | (i) | 337,519. | 0. | 11,962. | 30,500. | 38,044. | 418,025. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) JAMES LA CRETA CHIEF INFORMATION OFFICER | (i) | 356,276. | 0. | 8,617. | 26,900. | 26,132. | 417,925. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) JON CHILINGERIAN FACULTY | (i) | 348,164. | 0. | 7,059. | 30,500. | 23,905. | 409,628. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) HANNAH PETERS SVP INSTITUTIONAL ADVANCEMENT | (i) | 361,782. | 0. | 13,202. | 30,500. | 2,580. | 408,064. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) ANNA SCHERBINA FACULTY | (i) | 372,982. | 0. | 6,073. | 24,400. | 3,536. | 406,991. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) IRVING EPSTEIN FACULTY | (i) | 335,159. | 0. | 4,894. | 30,500. | 1,664. | 372,217. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) LOIS STANLEY VP CAMPUS OPERATIONS | (i) | 282,253. | 0. | 6,684. | 29,770. | 28,768. | 347,475. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) DANIAL KIM SVP COMMUNICATIONS (THRU 5/23) | (i) | 270,482. | 0. | 5,544. | 28,124. | 35,211. | 339,361. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (15) STEVEN LOCKE SVP, GENERAL COUNSEL | (i) | 268,550. | 0. | 4,069. | 27,931. | 35,307. | 335,857. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (16) ROBIN SWITZER VP HR | (i) | 261,922. | 0. | 3,806. | 26,244. | 2,469. | 294,441. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (17) NICHOLAS WARREN | (i) | 169,622. | 0. | 73,599. | 13,892. | 9,838. | 266,951. | 0. |
| CHIEF INVESTMENT OFFICER (THRU 3/22) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (18) STEVEN KAREL | (i) | 229,925. | 0. | 5,069. | 22,993. | 1,711. | 259,698. | 0. |
| VICE PROVOST FOR RESEARCH | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (19) ZAMIRA KORFF | (i) | 0. | 0. | 144,282. | 0. | 12,459. | 156,741. | 0. |
| SVP ADVANCEMENT (THRU 10/21) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (20) WILLIAM O'REILLY | (i) | 129,421. | 0. | 5,037. | 11,848. | 883. | 147,189. | 0. |
| CHIEF OF STAFF (THRU 6/22) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:**TRAVEL FOR COMPANIONS:**

DURING CALENDAR YEAR 2022, THE UNIVERSITY REIMBURSED PRESIDENT LIEBOWITZ FOR TRAVEL EXPENSES INCURRED BY HIS FAMILY WHILE CONDUCTING BUSINESS OF THE UNIVERSITY. SUCH REIMBURSEMENTS WERE MADE IN ACCORDANCE WITH UNIVERSITY POLICY. TRAVEL REIMBURSEMENTS FOR THE PRESIDENT'S FAMILY THAT ARE CONSIDERED PERSONAL IN NATURE ARE INCLUDED IN TAXABLE COMPENSATION AND REPORTED ON FORM W-2 AND ON SCHEDULE J, PART II, COLUMN B(III). BUSINESS EXPENSE REIMBURSEMENTS ARE NOT TREATED AS TAXABLE COMPENSATION.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

THE UNIVERSITY PROVIDED PRESIDENT LIEBOWITZ WITH A HOUSING ALLOWANCE AS A CONDITION OF HIS EMPLOYMENT. THE VALUE OF SUCH HOUSING IS INCLUDABLE AS TAXABLE INCOME UNDER IRS CODE SECTION 119 (D).

PERSONAL SERVICES:

DURING CALENDAR YEAR 2022, THE UNIVERSITY REIMBURSED PRESIDENT LIEBOWITZ FOR PERSONAL LEGAL AND FINANCIAL SERVICE EXPENSES. THE AMOUNT PAID BY THE UNIVERSITY WAS INCLUDED IN THE INDIVIDUAL'S FORM W-2 AND REPORTED ON

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART II, COLUMN B(III).

OTHER BUSINESS EXPENSES:

THE UNIVERSITY REIMBURSES ITS OFFICERS AND KEY EMPLOYEES FOR ORDINARY AND NECESSARY BUSINESS EXPENSES INCURRED WHILE CONDUCTING BUSINESS OF THE UNIVERSITY. SUCH REIMBURSEMENT IS MADE UNDER AN ACCOUNTABLE PLAN AND REQUIRES SUBSTANTIATION USING THE ORIGINAL EXPENSE DOCUMENTATIONS AND APPROVAL BY APPROPRIATE PARTIES AS AUTHORIZED UNDER UNIVERSITY POLICY.

PART I, LINES 4A-B:**PART I, QUESTION 4A:****SEVERANCE OR CHANGE OF CONTROL PAYMENT**

THE UNIVERSITY HAS AN EMPLOYMENT AND SEPARATION POLICY THAT COVERS MEMBERS OF THE SENIOR MANAGEMENT GROUP, WHICH PROVIDES SEVERANCE PROVISION FROM 4 WEEKS TO 20 WEEKS. SOME SENIOR MANAGEMENT MAY HAVE ADDITIONAL SEVERANCE PROVISION AS PART OF THEIR EMPLOYMENT ARRANGEMENT.

ZAMIRA KORFF, SVP OF INSTITUTIONAL ADVANCEMENT, LEFT HER POSITION IN OCTOBER 2021. AS PART OF HER SEPARATION AGREEMENT, MS. KORFF RECEIVED SIX

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

MONTHS OF SEVERANCE PAY, WHICH WAS INCLUDED IN HER W-2.

PART I, QUESTION 4B:

DEFERRED COMPENSATION ARRANGEMENT

PRESIDENT LIEBOWITZ PARTICIPATES IN A NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER IRS CODE SECTION 457(F). IN ACCORDANCE WITH HIS EMPLOYMENT AGREEMENT, THE UNIVERSITY WILL CREDIT A DEFERRED COMPENSATION ACCOUNT ON JUNE 30TH OF EVERY YEAR BEGINNING ON JUNE 30, 2017. THE DEFERRED COMPENSATION ACCOUNT WILL VEST EVERY THREE YEARS CONTINGENT UPON CONTINUOUS EMPLOYMENT. THE DEFERRED COMPENSATION ACCOUNT WAS CREDITED WITH \$142,713 ON JUNE 30, 2022, WHICH ALSO VESTED AND BECAME TAXABLE ON JUNE 30, 2022. A TOTAL OF \$306,181 IN DEFERRED COMPENSATION WAS PAID OUT DURING CALENDAR YEAR 2022, WHICH INCLUDES DEFERRED COMPENSATION CREDITED FROM 2020-2022. DEFERRED COMPENSATION PAYOUT IS REPORTED ON SCHEDULE J, PART II, COLUMN B (III). DEFERRED COMPENSATION PAYOUT THAT WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION CREDITS IN PRIOR FORMS 990 ARE REPORTED ON SCHEDULE J, PART II, COLUMN F.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

ENTITY 1

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization **BRANDEIS UNIVERSITY** Employer identification number **04-2103552**

| Part I Bond Issues | | | | | | | | | | | |
|--|----------------|-------------|-----------------|-----------------|-------------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A MA DEVELOPMENT FINANCE AGENCY 2013 - SERIES P | 04-3431814 | 000000000 | 07/18/13 | 36500000. | CONSTRUCTION, REFUND '04 BOND | | X | | X | | X |
| B MA DEVELOPMENT FINANCE AGENCY 2017 - SERIES Q | 04-3431814 | 000000000 | 06/15/17 | 20000000. | CONSTRUCTION | | X | | X | | X |
| C MA DEVELOPMENT FINANCE AGENCY 2018 - SERIES R | 04-3431814 | 57584YLJ6 | 08/21/18 | 41421007. | REFUND '08 BONDS | | X | | X | | X |
| D MA DEVELOPMENT FINANCE AGENCY 2019 - SERIES S-1 | 04-3431814 | 000000000 | 07/03/19 | 132703346. | REFUND '10 BOND | | X | | X | | X |

| Part II Proceeds | | | | | | | | | | |
|--|-------------|----|-------------|----|-------------|----|--------------|----|---|--|
| | A | | B | | C | | D | | | |
| 1 Amount of bonds retired | 9,613,040. | | 2,175,000. | | 4,294,984. | | 20,954,944. | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 36,500,000. | | 20,000,000. | | 41,421,007. | | 132,703,346. | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | |
| 7 Issuance costs from proceeds | 403,050. | | | | 435,572. | | 815,322. | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | |
| 10 Capital expenditures from proceeds | 14,951,609. | | 20,000,000. | | | | | | | |
| 11 Other spent proceeds | 21,145,341. | | | | 40,985,435. | | 131,888,024. | | | |
| 12 Other unspent proceeds | | | | | | | | | | |
| 13 Year of substantial completion | 2014 | | 2019 | | 2020 | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | | |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | | X | X | | X | | | |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | X | | X | | | X | |
| 16 Has the final allocation of proceeds been made? | X | | X | | X | | X | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2022

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

ENTITY 2

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization **BRANDEIS UNIVERSITY** Employer identification number **04-2103552**

| Part I Bond Issues | | | | | | | | | | | |
|--|----------------|-------------|-----------------|-----------------|------------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| MA DEVELOPMENT FINANCE A AGENCY 2019 - SERIES S-2 | 04-3431814 | 575844PM5 | 03/05/19 | 44292634. | CONSTRUCTION OF BUILDINGS | | X | | X | | X |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

| Part II Proceeds | | | | | | | | | | |
|---|-------------|----|-----|----|-----|----|-----|----|--|--|
| | A | | B | | C | | D | | | |
| 1 Amount of bonds retired | | | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 44,292,634. | | | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | |
| 7 Issuance costs from proceeds | 263,682. | | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | |
| 10 Capital expenditures from proceeds | 44,028,952. | | | | | | | | | |
| 11 Other spent proceeds | | | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | |
| 13 Year of substantial completion | 2021 | | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | | |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | | | | | | | | |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2022

Part III Private Business Use

| | A | | B | | C | | D | |
|--|-----|----|------|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | X | | | X | | X |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | X | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | X | | X | | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ... | | | | X | | X | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | 1.21 | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | % | .02 | % | .11 | % | | % |
| 6 Total of lines 4 and 5 | | % | 1.23 | % | .11 | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | | X | | X | | X | | X |
| c No rebate due? | X | | X | | X | | X | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | X | | X |

Part III Private Business Use

| | A | | B | | C | | D | |
|--|-----|-------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | X | | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ... | | X | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | .03 % | | | | | | |
| 6 Total of lines 4 and 5 | | .03 % | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | | | | | |
| b Exception to rebate? | | X | | | | | | |
| c No rebate due? | X | | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | | | | | |

Part IV Arbitrage (continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X | | X | | X | | X | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Part IV Arbitrage (continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | | | | | | | | |
| | X | | | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

PART I, COLUMN F

PROCEEDS FROM THE SERIES P BOND WERE USED FOR THE REFUND OF '04 BOND ISSUED ON 01/08/2004.

PROCEEDS FROM THE SERIES S-1 BOND WERE USED FOR THE REFUND OF THE '10 BONDS ISSUED ON 03/09/2010.

PART III, LINE 3A

SERIES 2013, 2018, 2019 (S-1), AND 2019 (S-2)

ALL MANAGEMENT AND SERVICE CONTRACTS IN BOND-FINANCED SPACE QUALIFY UNDER A PRIVATE BUSINESS USE SAFE HARBOR OR EXCEPTION OR ARE INCIDENTAL IN NATURE. THEREFORE, NO CONTRACTS RESULT IN PRIVATE BUSINESS USE.

SERIES 2017

MANAGEMENT AND SERVICE CONTRACTS EXISTS IN BOND-FINANCED SPACE AND RESULT IN PRIVATE BUSINESS USE. THE PERCENTAGE OF FINANCED PROPRERTY USED IN PRIVATE BUSINESS RELATED TO THESE CONTRACTS IS INCLUDED ON PART III, LINE 4, COLUMN (C).

PART IV, LINE 2C:

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

ARBITRAGE REBATE COMPUTATIONS: THE ARBITRAGE REBATE COMPUTATIONS FOR THE SERIES P, Q, R, S-1, AND S-2 BONDS WERE PERFORMED ON JULY 18, 2023, JUNE 30, 2023, SEPTEMBER 30, 2023, SEPTEMBER 30, 2023, AND SEPTEMBER 30, 2023, RESPECTIVELY.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2022

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **BRANDEIS UNIVERSITY** Employer identification number **04-2103552**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No).

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No).

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| ELANAH URETSKY | S. URETSKY - EVP | 136,563. | COMP | | X |
| LUCY GOODHART | S. KAY - TRUSTEE | 59,413. | COMP | | X |
| JESSICA LIEBOWITZ | R. LIEBOWITZ - PRES | 71,554. | COMP | | X |
| MARGOT DAVIS | J. DAVIS - TRUSTEE | 42,944. | COMP | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

PART IV:

JESSICA LIEBOWITZ (SPOUSE OF UNIVERSITY PRESIDENT RONALD LIEBOWITZ),
 ELANAH URETSKY (SPOUSE OF UNIVERSITY EXECUTIVE VICE PRESIDENT FOR
 FINANCE AND ADMINISTRATION STEWART URESTKY), MARGOT DAVIS (SPOUSE OF
 TRUSTEE JONATHAN DAVIS) AND LUCY GOODHART (DAUGHTER-IN-LAW OF TRUSTEE
 STEPHEN KAY) ARE EMPLOYEES OF THE UNIVERSITY. NONE OF THE OFFICERS OR
 TRUSTEES MENTIONED PARTICIPATED IN ESTABLISHING THEIR COMPENSATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | X | 32 | 0. | APPRAISAL |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | X | | 6,700. | APPRAISAL |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 76 | 5,860,938. | AVERAGE OF HIGH LOW |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | X | 38 | 24,880. | APPRAISAL |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (EQUIPMENT) | X | 1 | 1. | BOOK VALUE |
| 26 Other (_____) | | | | |
| 27 Other (_____) | | | | |
| 28 Other (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **22**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

THE UNIVERSITY IS REPORTING IN PART 1, COLUMN (B), THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, PART I, LINE 1:

A ZERO AMOUNT WAS REPORTED ON FORM 990, PART VIII, LINE 1G, BECAUSE BRANDEIS UNIVERSITY DOES NOT CAPITALIZE ITS COLLECTIONS, AS ALLOWED UNDER FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION 958-360-25 (ASC 958-360-25) (FORMERLY SFAS 116).

SCHEDULE M, PART I, LINE 31:

BRANDEIS UNIVERSITY'S GIFT ACCEPTANCE POLICY IS AVAILABLE ONLINE AT WWW.BRANDEIS.EDU.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION

BRANDEIS UNIVERSITY IS A COMMUNITY OF SCHOLARS AND STUDENTS UNITED BY
THEIR COMMITMENT TO THE PURSUIT OF KNOWLEDGE AND ITS TRANSMISSION FROM
GENERATION TO GENERATION. AS A RESEARCH UNIVERSITY, BRANDEIS IS
DEDICATED TO THE ADVANCEMENT OF THE HUMANITIES, ARTS AND SOCIAL
SCIENCES, NATURAL AND PHYSICAL SCIENCES. AS A LIBERAL ARTS COLLEGE,
BRANDEIS AFFIRMS THE IMPORTANCE OF A BROAD AND CRITICAL EDUCATION IN
ENRICHING THE LIVES OF STUDENTS AND PREPARING THEM FOR FULL
PARTICIPATION IN A CHANGING SOCIETY. IN THIS MANNER, BRANDEIS SEEKS TO
ENSURE ITS STUDENTS ARE CAPABLE OF PROMOTING THEIR OWN WELFARE WHILE
REMAINING DEEPLY CONCERNED ABOUT THE WELFARE OF OTHERS.

IN A WORLD OF CHALLENGING SOCIAL AND TECHNOLOGICAL TRANSFORMATION,
BRANDEIS REMAINS A CENTER OF OPEN INQUIRY AND TEACHING, CHERISHING ITS
INDEPENDENCE FROM ANY DOCTRINE OF GOVERNMENT. IT STRIVES TO REFLECT
THE HETEROGENEITY OF THE UNITED STATES AND OF THE WORLD COMMUNITY WHOSE
IDEAS AND CONCERNS IT SHARES. IN THE BELIEF THAT THE MOST IMPORTANT
LEARNING DERIVES FROM THE PERSONAL ENCOUNTER AND JOINT WORK OF TEACHERS
AND STUDENTS, BRANDEIS ENCOURAGES UNDERGRADUATES AND POSTGRADUATES TO
PARTICIPATE WITH DISTINGUISHED FACULTY IN RESEARCH, SCHOLARSHIP AND
ARTISTIC ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE OFFICE IS RESPONSIBLE FOR DRAFTING FORM 990. THE COMPLETED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

| | |
|---|--|
| Name of the organization BRANDEIS UNIVERSITY | Employer identification number 04-2103552 |
|---|--|

DRAFT IS SUBMITTED FOR REVIEW BY THE UNIVERSITY'S TAX ADVISORY FIRM.

RECOMMENDED CHANGES ARE DISCUSSED WITH THE FINANCE OFFICE AND INCORPORATED INTO THE RETURN, AS APPROPRIATE.

FOR FISCAL YEAR 2023, THE RISK MANAGEMENT AND AUDIT COMMITTEE REVIEWED THE FORM 990 AND DISCUSSED ANY QUESTIONS WITH THE FINANCE OFFICE AND THE UNIVERSITY'S TAX ADVISORY FIRM.

AFTER THE RISK MANAGEMENT AND AUDIT COMMITTEE'S REVIEW, AND PRIOR TO FILING THE COMPLETED FORM 990, A COPY OF THE FORM 990 WAS SENT TO EACH MEMBER OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BRANDEIS UNIVERSITY CONFLICT OF INTEREST POLICY FOR TRUSTEES, OFFICERS AND COMMITTEE MEMBERS ESTABLISHES A PROCESS WHEREBY POTENTIAL, APPARENT AND ACTUAL CONFLICTS OF INTEREST OF TRUSTEES, OFFICERS AND NON-TRUSTEE COMMITTEE MEMBERS MAY PROPERLY BE AVOIDED OR MANAGED SO THAT THE BEST INTERESTS OF THE UNIVERSITY ARE PROTECTED. OFFICERS, TRUSTEES AND COMMITTEE MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM, WHICH IS CONSISTENT WITH THE POLICY AND THE APPLICABLE REGULATORY AND AUDITING REQUIREMENTS. THE INVESTMENT COMMITTEE MEMBERS COMPLETE AN ANNUAL DISCLOSURE FORM WITH ADDITIONAL QUESTIONS RELATED TO UNIVERSITY'S INVESTMENTS. CERTAIN SENIOR OFFICERS AND FINANCIAL EMPLOYEES ARE ALSO REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM WITH RESPECT TO THE UNIVERSITY'S INVESTMENTS.

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, WITH THE ASSISTANCE OF THE GENERAL COUNSEL, OVERSEES THE COLLECTION AND REVIEW OF THE DISCLOSURE

| | |
|---|--|
| Name of the organization BRANDEIS UNIVERSITY | Employer identification number 04-2103552 |
|---|--|

FORMS. IN THE CASE OF A POTENTIAL, APPARENT, OR ACTUAL RELATED PARTY TRANSACTION OR OTHER SITUATION PRESENTING A POSSIBLE CONFLICT OF INTEREST, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CHAIR IS RESPONSIBLE FOR DECIDING WHETHER TO SUBMIT THE TRANSACTION OR SITUATION TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OR THE BOARD FOR A DETERMINATION.

IN ADDITION, THE UNIVERSITY HAS ESTABLISHED A SEPARATE CONFLICT OF INTEREST POLICY FOR ITS EMPLOYEES. UNDER THIS POLICY, DISCLOSURE FORMS ARE COMPLETED ANNUALLY BY ALL SENIOR OFFICERS, THE PRESIDENT'S CABINET, DEPARTMENT CHAIRS, HEADS OF CENTERS AND INSTITUTES, PRINCIPAL INVESTIGATORS AND OTHER DESIGNATED SENIOR OFFICIALS AND FINANCIAL PERSONNEL. PERSONS WITH A CONFLICT ARE RECUSED FROM DISCUSSIONS AND DO NOT VOTE ON RESOLUTIONS THAT PERTAIN DIRECTLY TO THEIR CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE UNIVERSITY IS COMMITTED TO ATTRACTING, RETAINING AND MOTIVATING QUALIFIED EMPLOYEES, RELATING COMPENSATION TO PERFORMANCE, PROMOTING AN EQUITABLE RELATIONSHIP BETWEEN COMPENSATION AND RESPONSIBILITY AND ENSURING COMPLIANCE WITH LAW AND REGULATION. THIS PROCESS IS THE FOUNDATION OF ALL HIRING, ANNUAL PERFORMANCE EVALUATIONS AND SALARY ADJUSTMENTS. THE BOARD OF TRUSTEES IS RESPONSIBLE FOR APPROVING THE PRESIDENT'S COMPENSATION BASED UPON RECOMMENDATION FROM THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. COMPENSATION PAID TO THE PRESIDENT'S DIRECT REPORTS SHALL BE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES BASED UPON A RECOMMENDATION FROM THE PRESIDENT. COMPENSATION PAID TO THE PRESIDENT'S DIRECT REPORTS SHALL BE REPORTED TO THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES UTILIZES INDEPENDENT EXTERNAL CONSULTANTS TO ASSIST WITH BOTH THE REVIEW OF COMPENSATION AGREEMENTS AND

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

THE GATHERING OF COMPARABILITY DATA IN DETERMINING THE REASONABLENESS OF COMPENSATION AND COMPLIANCE WITH THE PROCEDURES DESCRIBED IN TREASURY REGULATION SECTION 53.4958-6.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ONLINE AT WWW.BRANDEIS.EDU/BUSINESS-FINANCE. THE UNIVERSITY'S GOVERNING DOCUMENTS ARE AVAILABLE ONLINE AT WWW.BRANDEIS.EDU. THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE AT THE WEBSITE OF THE MASSACHUSETTS ATTORNEY GENERAL.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST -2,448,369.

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **BRANDEIS UNIVERSITY** Employer identification number **04-2103552**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| PARTNERSHIP 1 | INVESTING | TX | BRANDEIS | EXCLUDED | -750,144. | 4,855,320. | | X | N/A | X | | 97.38% |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| CHARITABLE REMAINDER TRUSTS (22) PO BOX 9110 WALTHAM, MA 02454-9110 | INVESTING | MA | | TRUST | | | | | X |
| CHARITABLE REMAINDER TRUSTS (1) PO BOX 9110 WALTHAM, MA 02454-9110 | INVESTING | FL | | TRUST | | | | | X |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

